Attorney Docket No.	003301-129

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CREPING	BLADE	•	-
pecification of which (check only one item below):			
is attached hereto, and was amended on		(if applicable).	
was filed as United States application number	on	March 24, 2004	
and was amended on	(if applicable).		
was filed as PCT international application numb	er	on	
	(if applicable).		

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§119 (a)-(d), 172 or 365 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (MM/DD/YYYY)	PRIORITY CLAIMED UNDER 35 U.S.C. §§119, 172 or 365
Sweden 0302400-7	September 8, 2003	ĭ Yes □ No	
			☐ Yes ☐ No
			☐ Yes ☐ No
			□Yes □No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
		•	□Yes □No

Application No.	Unassigned
Attorney Docket No.	003301-129

I hereby appoint the attorneys and agent(s) associated with the following PTO Customer Number of Burns, Doane, Swecker & Mathis, L.L.P. to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

Customer Number 2 1 8 3 9

Address all correspondence to:

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Customer Number 2 1 8 3 9

P.O. Box 1404

the validity of the application or any patent issued thereon.

Alexandria, Virginia 22313-1404

Address all telephone calls to: Benton S. Duffett, Jr.	at (703) 836-6620.
I hereby declare that all statements made herein of my own kno	owledge are true and that all statements made
on information and belief are believed to be true; and further that	at these statements were made with the
knowledge that willful false statements and the like so made are	e punishable by fine or imprisonment, or both.

under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize

NAME OF SOLE OR FIRST INVENTOR GIVEN NAME (first and middle (if any)) FAMILY NAME OR SURNAME JEAN FRANCOIS LAITHIER INVENTOR'S SIGNATURE DATE RESIDENCE (City, State & Country) CITIZENSHIP Penthalaz, Switzerland France MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) rue JJ Porchat 1, 1305 Penthalaz, Switzerland NAME OF SECOND INVENTOR GIVEN NAME (first and middle (if any)) **FAMILY NAME OR SURNAME SILVANO** FRETI **INVENTOR'S SIGNATURE** DATE RESIDENCE (City, State & Country) CITIZENSHIP St. Prex, Switzerland Switzerland MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) chemin de Senaugin 12, 1162 St. Prex, Switzerland NAME OF THIRD INVENTOR GIVEN NAME (first and middle (if any)) **FAMILY NAME OR SURNAME** INVENTOR'S SIGNATURE DATE RESIDENCE (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State, Zip & Country)